

PREVENTION, SAFETY AND HEALTH PROMOTION COUNCIL (PSHPC) CHARTER

I. ESTABLISHMENT, PURPOSE AND SCOPE

A. ESTABLISHMENT

The Secretary of Defense establishes the Prevention Safety and Health Promotion Council (PSHPC), herein referred to as the Council. The Charter delineates the Council's membership, and specifies the scope of activities.

B. PURPOSE

The Council will advance health and safety promotion and injury/illness prevention policy initiatives that are consistent with Department of Defense (DoD) readiness requirements and the Military Health System Strategic Plan goal of "A Constantly Fit and Ready Force; and Healthy Communities at Home and Abroad, in Peacetime and in Conflict."

The Council will be an integrative, collaborative, and interactive forum of executive-level DoD, Service Secretariat, and Service leaders, who proactively advocate and provide strategic oversight for selected initiatives as they apply to disease prevention, occupational illness and injury prevention, and safety and health promotion.

C. SCOPE OF ACTIVITY

The PSHPC shall:

1. Endorse uniform, comprehensive, health and safety promotion and injury/illness prevention policies and programs, predicated on documented best practice where available, that when implemented consistently throughout DoD will measurably improve the health and safety status of individuals and populations.
2. Assess, review and advise on existing DoD-wide prevention programs and policies to ensure their coordination, relevance, efficiency, efficacy, timeliness and viability.
3. Identify and support strategically critical DoD prevention initiatives, promote their development and implementation, and champion these initiatives.
4. Provide oversight to chartered Council committees, receive regular progress reports on the status of approved action plans, serve as the approval authority for actions proposed by Council Committees and endorse appointment letters for committee chairs and members through their chain of command.

5. Coordinate with responsible DoD Executive Agents, to facilitate communication, coordination, and integration of planning, development and implementation of initiatives and programs to assure consistency of purpose.
6. Involve medical, line, and community leaders and organizations to create a wellness and preservation of human resources milieu to effect a force health protection cultural change throughout DoD.
7. Involve DoD personnel, family members, retirees, and other beneficiary groups in their co-responsibility for health, fitness, and wellness.
8. Advocate methods to ensure successful deployment of "Put Prevention into Practice" (PPIP) and related programs.
9. Advocate methods to ensure the successful deployment of designated Self-Reporting Tools; previously, named the Health Enrollment Assessment Review (HEAR).
10. Support research to improve human performance, health and safety education standards/procedures, and personal protective and monitoring equipment.
11. Promote Operational Risk Management to improve mission success and preserve human and physical resources throughout DoD.

II. ORGANIZATION

A. The PSHPC shall consist of an Executive Council and committees (task forces and work groups) appointed by the Council. Additionally, these PSHPC committees will interface and coordinate with other DoD and interagency groups including the Military and Veterans Affairs Health Coordinating Board, who are currently involved with health promotion, safety and occupational health policy formulation and program requirements. Each PSHPC committee formed under this Council will submit a charter to the Council for approval. These charters will receive an annual review by the Council.

These PSHPC committees (task forces and work groups) include:

1. Put Prevention In Practice (PPIP) Program Implementation Advisory Committee
2. Joint Preventive Medicine Policy Group (JPMPG)
3. Alcohol Abuse/Tobacco Use Reduction Committee (AATURC)
4. Self-Reporting Tools (SRT) Committee, previously, referred to as the Health Enrollment Assessment Review (HEAR) Program Implementation Advisory Committee

5. Sexually Transmitted Disease Prevention Committee (STDPC)

6. Injury/Occupational Illness Prevention Committee (IOIPC), to include peacetime and contingency operations.

B. The Under Secretary of Defense for Personnel and Readiness, USD (P&R), is responsible for naming the Chair of this Council. The nominative process will be via the Service Secretariats, who will then forward nominees to USD (P&R), for final selection. The duration of the Chairmanship will be for two years.

C. The Executive Council shall have overall responsibility for the development and implementation of the Health and Safety Promotion and Injury/Illness Prevention Committees. The Executive Council shall consist of senior representatives from the following offices:

Assistant Secretary of Defense (Health Affairs)
Assistant Secretary of Defense (Reserve Affairs)
Assistant Secretary of Defense (Force Management Policy)
Deputy Under Secretary of Defense (Environmental Security)
Deputy Assistant Secretary of Defense (Clinical and Program Policy (CPP)
Assistant Secretary of the Army (Manpower and Reserve Affairs)
Assistant Secretary of the Army (Installations and Environment)
Army Surgeon General
Director of Army Safety
Army Deputy Chief of Staff for Personnel (Director of Human Resources)
Assistant Secretary of the Navy (Manpower and Reserve Affairs)
Navy Surgeon General
Chief of Naval Personnel
Director of Navy Safety
Assistant Secretary of the Navy (Installations and Environment)
Deputy Chief of Staff (Manpower and Reserve Affairs), Headquarters Marine Corps
United States Marine Corps Safety
Assistant Secretary of the Air Force (Manpower Reserve Affairs Installations and Environment)
Deputy Assistant Secretary of the Air Force (Environmental Safety and Occupational Health)
Air Force Surgeon General
Chief Air Force Safety
Air Force Deputy Chief of Staff/Personnel
Director for Logistics, J-4, The Joint Staff

Ad hoc:

ASD (HA), C&PP, Director, Health Promotion & Prevention Policy
TRICARE Management Activity

PSHPC Committee Chairperson Appointees
Office of General Counsel
Uniformed Services University

III. PROCEDURES

- A. The Chair will convene the Executive Council as needed and at least quarterly. All committees (task force and work groups) shall keep the PSHPC current on all actions.
- B. The PSHPC Chair will regularly brief the MHS Executive Committee on all actions and recommendations.
- C. The PSHPC Chair will report for the Council to ASD (HA) who in turn will report to USD (P&R), USD (A&T) as appropriate, and to the SECDEF through the DEPSECDEF as appropriate.
- D. Budgetary requirements and administrative support for the PSHPC will be coordinated with the Deputy Assistant Secretary of Defense (Health Affairs)/(Health Budgets and Financial Policy).
- E. The PSHPC Chair will ensure that communication of all activities will occur throughout DoD. A secretary shall be appointed by the Chair to maintain historical documentation of accomplishments and recommendations.
- F. The PSHPC will be operated in accordance with DoD Directive 5105.18, "DoD Committee Management Program," February 8, 1999.

IV. DELIVERABLES

The PSHPC will identify beneficial initiatives on a prioritized basis of effectiveness, and recommend associated policies and programs for DoD.

V. DURATION OF COMMITTEE

The Charter will be reviewed every two years to coincide with the appointment of the new Chair. The next revision will be scheduled for January 2003.

